

SCHOOL INDIVIDUALIZED HEALTH CARE PLAN

Student _____

Effective Date _____

Parent _____

School _____

Physician _____

Nurse _____

_____ Special Education _____ Section 504

_____ General Education

1. Brief Description of Condition:

2. Concerns:

3. Goal:

4. Intervention and Procedures:

5. Necessary Staff Training:

I have read and approve of the above health care plan for:

Date: _____

Parent

Physician

**Nurse who provides
services in the school**